

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35579

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 632

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>CLINTON</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FAIRFIELD</u> <u>2088</u> Res <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>FORREST Rest Home</u> <u>1 week</u>		d. STREET ADDRESS (If outside, give location) <u>X</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CORDELIA SUSAN SCOTT</u>		4. DATE OF DEATH Month Day Year <u>11 - 5 - 1957</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE. <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-12-1877</u>
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>11</u> <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and state or country) <u>BENTON COUNTY Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>GEORGE PARKER SUTTER</u>		14. MOTHER'S MAIDEN NAME <u>SARAH ANN BALL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT Address <u>C. H. Scott Fairfield, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>4200F</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fractured right femur - intertrochanteric</u>		INTERVAL BETWEEN DEATH AND DEATH <u>4-5 yrs -</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fall &amp; probable fracture before fall.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>10:00 a.m.</u> <u>10-29-57</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>Fairfield, Benton, Mo.</u>		20g. STATE <u>Mo.</u>	
21. I attended the deceased from <u>10-30-57</u> to <u>11-5-57</u> and last saw her alive on <u>11-5-57</u> Death occurred at <u>2:57 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If free or title) <u>W. B. Brundage, M.D.</u>		22b. ADDRESS <u>Clinton, Mo.</u>	
22c. DATE SIGNED <u>11-5-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-7-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hogels Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>3 M - N-W FAIRFIELD Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Osler Funeral Home Warsaw Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-7-57</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address Warsaw

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).**

**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**